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Q1 – Service Authorization:

- Ask provider for service authorization from Value Options, Durham Center or Eastpointe.
- Reference Implementation Update #80 if transitioning from Community Support.

- **Rating:**
  - If authorization is present, rate Q1a = "4".
  - If no authorization**,** rate Q1a = "0".
  - **If Q1a is rated "0", enter dates in Q1b. FROM is the first date when there was no valid authorization, or 7/1/10; TO is the last date there was no valid authorization or the date of the audit**, if there is still no authorization.

Q2 – Service Order:

- Appropriate service has been ordered. **The service needs to be identified in the Action Plan** of the PCP to be ordered via signature on the PCP. Separate service order forms are not acceptable.
- **Dated Signatures** :
  - Medicaid-funded services must be ordered by a **licensed MD or DO, a licensed psychologist, a licensed nurse practitioner or a licensed physician's assistant.**
  - Both the signature and date must be **handwritten by the signatory**.
  - **Dates may not be entered by another person or typed in**.
  - **No stamped signatures** unless there is a verified Americans with Disabilities Act (ADA) exception.
  - A service order may not be obtained (signature on the PCP) before the PCP is completed. **Service order signatures dated prior to the Date of Plan on the PCP will render the service order invalid**.
- When the **PCP is reviewed/updated, but no new service is the result**, the signature for the service order is not required unless it is time for the annual review of medical necessity.
- For audit purposes, the **Service Order is signed on or before the date of service, but never before the Date of Plan**.
- Reference Implementation Update #80 if transitioning from Community Support.

- **Rating:**
  - If service order is present, rate Q2a = "4".
  - If no service order**,** rate Q2a = "0".
- **If Q2a is rated "0", enter dates in Q2b**. **FROM is the date of the PCP, (no earlier than 7/1/10). TO is the date a valid service order went into effect, or the date of the audit**.

Q3 – PCP is Valid:

- The individualized PCP shall begin at admission and shall be rewritten annually and/or updated/revised:
  - If the needs of the person have changed, i.e., an existing service is being reduced or terminated
  - On or before assigned target dates expire
  - When a provider changes

  - Note the provider name on face sheet, on crisis plan and in Action Plan (if there).
  - If the current provider is not reflected, it may be that the PCP was not updated when the provider changed**.**
- Target dates may not exceed 12 months.

- **<u>Signatures & Dates:</u>**
  - **Signatures are obtained for each required/completed review, even if no change occurred.**
  - Author of the PCP and the legally responsible person (lrp) have signed the PCP
    - If the legally responsible person did not sign the PCP until after the service date, there must be documented explanation and evidence of ongoing attempts to obtain the signature.
    - If no signature of the lrp and no attempts documented to obtain it, call the PCP out of compliance.
  - For audit purposes, **signatures must be dated on or before the date of service, but never before the Date of Plan.**
- Documentation of the legally responsible person, if not the parent of a minor, needs to be reviewed:
  - Court ordered guardianship or court-appointed custody to DSS.
  - If a minor is cared for by someone other than a parent, and evidence of that caretaker having the **intention for long-term care is present, that may be accepted as "in loco parentis"** in lieu of legal guardianship.
- 3a. Dates: **FROM is the first date the PCP is not valid. TO is the date a valid PCP went into effect, or the date of the audit**.

- **Rating:**
  - If PCP is current, rate Q3a = "4".
  - If PCP is not current**,** rate Q3a = "0".
  - **If Q3a is rated "0", enter dates in Q3b. FROM is the first date when the PCP was not current, or 7/1/10; TO is the date the PCP became current or the date of the audit**.

- Effective March 1, 2010, all services may use the new format.
- Effective July 1, 2010, all services must use the new format.

<u>Q4 – Comprehensive Clinical Assessment was completed prior to date of service.</u>
- Auditor will assess the assessment used to determine eligibility.
- Auditor will review to determine assessment is current.

- **Rating**
  - **4**=Meets all required elements for eligibility.
  - **0**=Does not meet all required elements for eligibility.

Q5 – Initial Eligibility:

- Refer to check sheet

- **Rating**
    - **4**=Meets all required elements for eligibility.
    - **0**=Does not meet all required elements for eligibility.
    - **If Q5a is rated "0" enter dates in Q4b. If transferring from Community Support, Q5a is rated "9". FROM is the date of the PCP or 7/1/10; TO is the date the PCP expired or the date of the audit.**

Q6 – Meets Eligibility for Continuation of Services:

- Refer to check sheet
- **Rating**
    - **4** = Meets all required elements for continued eligibility.
    - **0** = Does not meet all required elements for continued eligibility.
    - **If Q6a is rated "0" enter dates in Q6b. FROM is the date of the PCP or 7/1/10; TO is the date the PCP expired or the date of the audit.**

Q7 – Documentation for the date of service billed reflects a minimum of 15 minutes for the week

- Auditor is to review the documentation that is prior and/or corresponds to the date of service paid, reflected on audit tool, and determine there is a minimum of 15 minutes of service documented for the week (The week runs Sunday through Saturday).
- **Rating:**
    - **4 =** Documentation reflects a minimum of 15 minutes.
    - **0 =** Documentation does not reflect a minimum of 15 minutes.

Q8 – Documentation is Written & Signed:

- Service note is **written and signed** by the person who provided the **service (full signature, no initials).**
    - "Written" means "composed".
    - If a signature is questionable, request the provider signature log to validate signature.
- Auditor is to review all service notes documented for the week billed. There must be a note for the service date indicated on the Audit Tool.
- **Signature includes credentials, license, or degree for professionals; which may be typed, stamped or handwritten**.

- **Rating:**
    - **4**= documentation is written within the allowed time frame and the signature includes credentials and/or position of the person providing the service.
    - **2**=documentation is written within the allowed time frame and signature does not include the credentials and/or position.
    - **0**=documentation is written and/or signed after the allowed time frame or the signature is missing.
- If there is **no note for the week being audited**, mark this question "6 = No service note". Also mark "6" for Qs 7- 11. *Do not mark "6" for Q12.*

Q9 – Service Note Relates to Goals:

- Service note reflects purpose of the intervention
- Service note states, summarizes and/or relates to a goal or references a goal number in the current PCP.
- The goal has not expired and is not overdue for review.
- If the goal in the note does not reflect the exact language or use the right number for a goal, review the goals in the PCP to see if it relates to one of them.
- A stand alone case management goal is not required. Service notes can relate to goals with targeted case management included as an intervention.

- **Rating:**
    - **4**=purpose documented in the service note relates to a goal listed in the PCP.
    - **2**=purpose documented in the service note partially relates to a goal listed in the PCP
    - **0**=no purpose included in the note or purpose documented in the service note does not relate to a goal listed in the PCP.

Q10 a. Does the service note contain a description of case management activities?
b. Does the service note relate to at least one of the four case management functions?

Case Management activities include:

- Case management assessment
- Person centered planning
- Referral/linkage
- Monitoring/follow-up
- **10a Rating:**
    - **4** = the note clearly reflects case management activities.
    - **0**= the note reflects no case management activities.
- **10b Rating:**
    - **4**= the note clearly relates to at least one of the four case management functions.
    - **2**= the note minimally reflects one of the four case management functions.
    - **0**= the note does not relate to at least one of the four case management functions.
- **Overall Rating:**
    - If 10a =0, overall rating is 0
    - If 10a=4, overall rating is the same as 10b

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Q11 Documentation contains a description of the results or outcome:

- **Description of person's progress toward goals**/effectiveness for the individual (how did it turn out for the individual; what were the results of the case management activities?).

- **Rating:**
  - **4**= there is a clear indication of the assessment of the case management activity.
  - **2**= there is minimal indication of the assessment of the case management activity.
  - **0**= there is no indication of the assessment of the case management activity.

Q12—Documentation of a monthly face-to-face visit:

- Review case management documentation for a face-to-face visit during the month of the service date on Audit Tool.

- **Rating:**
  - **4=** documentation indicates a face-to-face visit occurred.
  - **0=** documentation does not indicate a face-to-face visit occurred.

Q13 – Qualifications and Training:

- Review personnel record of all staff that provided the service.
- For all service providers, verify both education and experience, per Core Rules requirements
- Review education and training documentation for each item listed on the Qualifications Checklist.
- **If no service note/signature rate Q 13, 14, and 15 as 7**
- **If the staff providing the service is not qualified, use the following rating:**

- **Rating:**
  - **4= staff are in compliance with qualification/training requirements**
  - **0= 1 or more staff are not in compliance with qualification/training requirements**
  - **IF this question is rated "0", enter dates in 13b. FROM is hire date or 7/1/10. TO date is the date qualifications/training are met or audit date.**

Q14– Disclosure of Criminal Conviction/Criminal Record Check:

- Review documentation showing the **provider agency required the staff that provided the service to disclose any criminal conviction**. Most frequent place to find the disclosure statement is on the employment application or on a separate form/statement filled out during the application process.
- If no disclosure is evident, a criminal record check made prior to the date of service by the provider agency is acceptable,
- If a criminal record check is evident, still ask for evidence of the disclosure. Make a recommendation or assign a POC as appropriate if disclosures are not in place.
- ***For purposes of the audit, the criminal record disclosure or consent to or request for a CRC must have occurred prior to the date of service reviewed.***
- **Q14c – Dates:** If the disclosure or consent or request for Criminal Record Check was not completed prior to the date of service, enter the dates in Q14c. *FROM* is the date of hire or 7/1/10, (whichever is later), *TO* is the last date before the disclosure or consent for the record check was completed, or the date of audit, if not yet completed.

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Q15 – Health Care Personnel Registry (HCPR) Check:

- There may be **no substantiated finding of abuse or neglect** listed on the NC Health Care Personnel Registry for unlicensed providers.
- **Health Care Personnel Registry Checks are not required for licensed professionals.**
- 15b - **Dates:**
  - If the HCPR Check is non-existent or after the date of service, **FROM is the date of hire or 7/1/10, whichever is later, TO is the date of the audit, the date the HCPR Check was completed or the last date of employment.**
  - If there is a substantiated finding, **FROM** is the date of the finding. **TO is the date of the audit or the last date of employment.**

Comment Section:

- **Comment on/clarify any questions receiving ratings of 0 or 2.** There needs to be a good/factual explanation for any item rated out of compliance. For example, if Q5 is rated "0", write "#5" in the Comment Section and explain why it was rated out of compliance. **Do not repeat the question, add specific information regarding why the item was rated 0 or 2.**
- Attach copies of documentation for elements found out of compliance. **All items rated 0 and 2 must have a copy of something attached as evidence, UNLESS it is "not met" because it doesn't exist.** Make sure your comments explain the situation if nothing is attached.
- There are **second sheets** available for comments if all comments don't fit on the audit tool. Please use these sheets rather than crowding the bottom of the audit tool.

General Information

- Auditor must complete all sections of the audit sheet and will be responsible for acquiring all needed information.
- Review all tools for completeness before returning any records to the provider.
- Completed audit tools must be reviewed by a team leader prior to copying tools and releasing the provider and their records.
- ENSURE THAT NO **ORIGINAL** AUDIT TOOLS ARE GIVEN TO THE PROVIDER. The audit tools and copies will be two different colors.

- **Pink (Plan Of Correction) Sheets:**
  - Complete pink (POC) sheets as you go along – if you notice that something is a **systemic issue** as you are auditing, go to the pink sheet and circle the appropriate corrective action.
  - Review pink sheets when audit is complete to ensure that all areas that need corrective action are included.
  - If there is a statement that needs to be made that would not be covered by the corrective action choices, use the General Summary section – this will appear in the report.
  - If there are significant pieces of documentation not provided at the audit, use the statement at the end of the pink sheet to indicate specifically what was missing.
  - Review the required corrective action with the provider.
  - After reviewing the pink sheet with the provider, obtain the provider's signature indicating the collaborative review.